

BEST AVAILABLE COPY

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 8      | 04/30/01 |
| FORMALITY REVIEW          | H.T      | 913    | 05/23/01 |
| RESPONSE FORMALITY REVIEW | ji       | 1030   | 11-29-01 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original |         |
| 1        | 7/22/01 |
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If more than 150 claims or 10 actions  
staple additional sheet here

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11-29-01  
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